
TECHNICAL HANDBOOK FOR
ENVIRONMENTAL HEALTH AND ENGINEERING
VOLUME I - ADMINISTRATION
PART 4 - TECHNICAL RESOURCE GROUPS

CHAPTER 4-1 - HEALTH FACILITIES ADVISORY COMMITTEE

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4-1.1 INTRODUCTION

This chapter of the Technical Handbook describes the Indian Health Service (IHS) Health Facilities Advisory Committee (HFAC). It describes the purpose of the HFAC, membership requirements, and the process related to HFAC activities. The work of the HFAC is unending as it will be necessary to continuously review new technologies and requirements, determine their applicability to IHS, and make recommendations for standards relative to the planning, design, construction, operation, and maintenance of health care facilities and staff quarters. As this information is developed, it will be issued to the appropriate part of the Technical Handbook for Environmental Health and Engineering. The HFAC operates in a staff capacity, and does not substitute for line management or in any way exercise the prerogatives of the operating programs.

- A. Background - The IHS environmental health and engineering (EHE) program is charged with implementing the planning, design, construction, operation, and maintenance programs for health care facilities and staff quarters serving American Indians and Alaska Natives as authorized and funded by the Congress. This requires coordination and communication among many different disciplines to stay current with changes in technology, medical equipment, model codes, and federal/state and local requirements. Because of the unique nature of IHS health care facilities (e.g., remote locations, cultural sensitivity, etc.), the model codes and standard practices of a regular government entity often do not adequately address all issues. These are the types of matters brought before the HFAC for evaluation and resolution.
- B. Purpose - The HFAC is established for the purpose of reviewing, evaluating, developing, and issuing criteria requirements used in the planning, design, construction, operation, and maintenance of IHS health care facilities and staff quarters. The HFAC's major thrust is in developing generic standards to provide continuity and consistency in IHS health care facilities. The standards will minimize the need to "reinvent the wheel." Recommendations by the HFAC will be documented and based on past experience, sound judgement, deductive risk management, and suitability for standardization in the IHS arena.

4-1.2 COMMITTEE MEMBERSHIP AND METHOD OF OPERATION

- A. Composition of Committee - The HFAC is composed of nine members selected from representative programs that deal with the planning, design, construction, operation, and maintenance of IHS health care facilities and staff quarters. Members are not expected to represent their tribe, agency or program, rather they are selected because they are knowledgeable professionals who represent a cross

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section of the interests, concerns, and responsibilities of IHS health care facilities and staff quarters programs.

The HFAC will consist of the following nine members:

- Four IHS representatives from the environmental health and engineering program;
- One IHS representative from the institutional environmental health program;
- Three at-large IHS Area Facilities Engineers, jointly selected and voted by the HFAC membership; and
- One tribal representative from the tribal advisory committee, either a member of that committee or as recommended by that committee.

When required (generally for extended period of absence of members), the selected members may delegate their HFAC responsibilities in writing to an alternate representative in their office, division, branch, or section. HFAC members, or their delegated representatives, are expected to be registered professional engineers, registered architects, or registered sanitarians. This registration requirement may be waived with the concurrence of the Director, environmental health and engineering program.

- B. Term of Appointments - Membership on the HFAC for the four representatives from the environmental health and engineering (EHE) program, will be appointed by the Director of the EHE program. The length of term for the four at-large Area Facilities Engineers and one representative from the institutional environmental health program will normally not exceed three years. However, the Director of the environmental health and engineering program, may approve an extension for up to one year when justified, e.g., an individual is heavily engaged in ongoing committee tasks, or a member is elected to Chairperson or Vice-chairperson and total service beyond three years is appropriate. When the term of an at-large Area Facilities Engineer member has expired or that person no longer serves in an Area Facilities Engineer position, replacement members are jointly selected and appointed by the HFAC membership. At-large members may serve up to two consecutive terms.
- C. Chairperson and Vice-Chairperson - At the initial HFAC meeting or any subsequent meeting where a Chairperson and Vice-chairperson has not been elected, one representative from the environmental health and engineering program, will serve as the Temporary Chairperson. The first order of business will be for the membership to elect a Chairperson and Vice-chairperson. The term of both the Chairperson and Vice-chairperson position is three-years. A person may not serve more than two consecutive terms in either one of these positions. If the Chairperson's or Vice-chairperson's term exceeds an individual's term of membership on

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the HFAC, the Director of the environmental health and engineering program, may approve an extension for up to one year.

If the Chairperson must vacate that position for any reason, the remainder of the term will be served by the Vice-chairperson. If the position of Vice-chairperson becomes vacant for any reason, the membership will elect a new Vice-chairperson to begin serving a new term.

- D. Method of Operation - The HFAC shall develop its own internal procedures relative to its method of conducting business. These shall include, as a minimum, consideration of the following:
- (1) A meeting shall be held every month and may be conducted as conference calls. When possible, HFAC meetings should be scheduled in conjunction with workshops, conferences, etc., which are attended by HFAC members.
 - (2) In accord with the HFAC procedures, provision may be made for the Chairperson to appoint an executive secretary.
 - (3) A proposed agenda for each meeting will be developed and made available to the members prior to the meeting.
 - (4) Minutes of each HFAC meeting will be drafted, distributed, and approved by the HFAC membership.
 - (5) A quorum consists of at least 50 percent of the HFAC voting membership. A person attending as sit-in representative of another member shall not be counted in determining the quorum requirement and cannot vote.
 - (6) Where voting is required or appropriate, e.g., election of the Chairperson, action will be determined by the simple majority of the HFAC voting membership.
 - (7) The HFAC may elect to establish standing or ad hoc subcommittees, said membership of which may include non-HFAC members provided that the chairperson of that subcommittee is a voting member of the HFAC.
 - (8) The HFAC will adopt and follow an established procedure to develop, review, and issue standards or guidelines. This includes the following items:
 - The HFAC will establish specific priority areas where standard guidelines are needed. Written suggestions and concerns for topics to be considered by the HFAC are encouraged from any personnel involved in the planning, design, construction, operation, and maintenance of health care facilities. Specific assignments may be made by the Chairperson and performed by individual members or subcommittees for later presentation and approval by the HFAC.

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- The HFAC member assigned to specific tasks should prepare a completed draft guideline which will be distributed to the HFAC members for their review and comments. The HFAC membership will review and comment, and their comments will be mailed to the preparer by the individual members. Then, the preparer will revise or correct the completed draft guideline and distribute to the HFAC members. The preparer will present the corrected draft guideline for discussion at the meeting.
- After the discussion, the HFAC membership could accept or reject the corrected draft. If the draft is acceptable, the Chairperson will ask for a motion to adopt or follow the draft. If the draft is rejected, due to incomplete write-ups, or it needs additional information, etc., the Chairperson will ask for resubmission at a later date.
- The Chairperson is responsible for assuring that appropriate personnel have an opportunity to review and comment on the proposed guidelines, and that the membership has considered these comments, before they are approved by the HFAC.
- The executive secretary will record the approved motion, prepare a decision notice outlining the HFAC position and actions taken; issue, decision, reference, and date when the guideline was voted by the HFAC membership. The decision notice may include a draft technical handbook chapter prepared by HFAC members or subcommittee or others. The decision notice may also include a published guideline or standards used by the Federal government or private sector.
- The Chairperson will review and sign the decision notice, and the executive secretary will mail this notice to the HFAC membership and Area offices together with the draft technical handbook chapter subject to editorial revision.
- The signed decision notice will be filed in the HFAC chapter of the Technical Handbook for Environmental Health and Engineering, and the draft technical handbook chapter will be appropriately formatted and issued in the appropriate part of the Technical Handbook.
- The draft technical handbook chapter will be reviewed for editorial comments by the HFAC membership. These comments will be forwarded to the HFAC member or subcommittee or others who prepared the guideline. The draft technical handbook chapter as corrected will be mailed to the executive secretary.

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- The environmental health and engineering program staff edits the draft technical handbook chapter and prepares the final chapter. After the final edit, this staff will prepare and submit a transmittal notice to the Director of the environmental health and engineering program for approval.
- When the final chapter is approved by the Director of the environmental health and engineering program, the draft technical chapter will be replaced with the approved chapter as part of the Technical Handbook for Environmental Health and Engineering.

4-1.3 COMMITTEE DECISIONS SUMMARY

<u>Decision No.</u>	<u>Subject</u>	<u>Date Accepted</u>	<u>Technical Handbook Chapter</u>
D-1	Color Code, Signage, and Identification of Building Utility Piping Systems	March 3, 1993	21-4
D-2	Smoke Dampers Use (Toxic Vapor Cases)	March 3, 1993	21-4
D-3	CAD Standard Drawings and Requirements	April 7, 1993	21-13
D-4	Asbestos Abatement: Removal versus Less Expensive Alternatives	May 12, 1993	Not Completed
D-5	HVAC Refrigerants Use (Clean Air Act of 1990)	April 7, 1993	Not Completed
D-6	Ventilation Design for the Installation of Tuberculosis Control Booth	June 2, 1993	21-4
D-7	Ventilation for Isolation Rooms	August 4, 1993	21-4
D-8	Alternate Power for Hospitals and Outpatient Facilities	June 2, 1993	21-5
D-9	Feasibility Study Guidelines	October 6, 1993	13-3
D-10	Value Engineering	January 5, 1994	23-3

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D-11	Handicapped Accessibility	June 1, 1994	21-7
D-12	Standby Power System	September 7, 1994	21-5
D-13	Fire Sprinklers versus Alternate Provisions (Quarters)	February 1, 1995	21-4
D-14	Floodplain Criteria	April 5, 1995	21-3
D-15	Transient Voltage Surge Suppression	April 5, 1995	21-5
D-16	Metric Guideline	May 3, 1995	21-8
D-17	Storm Water Runoff	October 4, 1995	21-3
D-18	Direct Digital Control (DDC) Systems versus Pneumatic Controls for Hospitals, Outpatient	November 1, 1995	21-5
D-19	Protocol For Environmental Assessment and Review	February 14, 1996	Not Completed
D-20	Partnering	February 14, 1996	21-14
D-21	Project Final Report	March 6, 1996	24-8
D-22	Nitrous Oxide	May 8, 1996	21-4
D-23	Dental Shielding	May 8, 1996	21-2
D-24	Architect/Engineer Guide	December 4, 1996	Not Completed
D-25	Interim Life Safety Measures	December 4, 1996	Not Completed
D-26	Applicability of Codes, Standards, and/or Guidelines	December 4, 1996	Not Completed